## PART B - FEE(S) TRANSMITTAL

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1635 MARKET STREET PHILADELPHIA, PA 19103-2212						(Depositor's name)	
I IIILADEUI III	in, 1 n 19103-2212					(Signature)	
	,					(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/696,046	10/696,046 10/29/2003		Michael A. Della Vecchia P1145/20004		P1145/20004	5842	
TITLE OF INVENTION OPTIMIZATION ADA		CAL/DIGITAL IMAGES	S USING STOCHASTIC	PARALLEL PERTURBA	TION GRADIENT D	DESCENT	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0	\$1020	05/27/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MAI, HUY KIM		2873	351-246000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of n single firm (having as n member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Philadelphia Retina Endowment Fund  Philadelphia, PA							
Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government							
4a. The following fee(s)  1 Issue Fee	are submitted:	4	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number030075 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature Trank M. Linguiti  Date 4/4/08  Registration No. 32,424							
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